PTC/S806 (08-03)
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d to a collection of intornation unless it displays a vaid OMB control number.

	PATENT APPLICATION FEE DETERMINATION RE Substitute for Form PTO-875								RECORD		Application or Doctor Number		
	CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL E	NTITY	OR		R THAN ENTITY	
ı	FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE		RATE	FEE	
t	BASIC FEE (37 CFR 1.16(s))								OR		\$		
ŀ	TOTA	TOTAL CLAIMS						xs =		OR	XI .		
ł	NOE	FR 1.16(c)) PENDENT CLAM	ıs	 									
ŀ	(37 CFR 1.18(b)) minus 3 x *							× 5		OR	X \$*		
L	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1, 18(d))							<u> ••</u>		OR	*1		
۱	" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL		
l		а											
	C	·	(Column 1)			(Column 3)		SMALL E	NTITY	CR	OTHE! SMALL	ENTITY	
	N		CLAIMS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
ป	Ž	Total (37 OF R L HELD)	17	Minus	" 2D	:		x s		OR	X 8=		
1	ENDMENT	Independent (37 GFR 1.15(b))	. 4	Minus	" 3 _	• /		х \$	•	OR.	x = 8/e =	86.00	
	¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	+5=	-	
		0/22/	ou				•	YOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	86.00	
l		(Golumn 1) (Column 2) (Column 3)											
	NT B		/CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID-FOR	PRESENT'		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
١	ENDMENT	Total (37 CFN 1.16(4)	12.	Minus	- 20	• /		x 5(-)		OR	x s•		
١	E	independent (37 OFR 1.16(31))	. 4	Minus	" 7	* (<i>x_</i>		A	x \$*		
	AM	FERST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						٠٠_ ک		a de	+3=		
ĺ	(62166 (Cotumn 1) (Cotumn 2) (Cotumn 3)						TOTAL ADD'L FEE		OR	ADD'T FEE		
ŀ	\dashv		(Cotumn 1)	(Column 3)	ı		.	1					
١	NTC		REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1	MENDMENT	Total (27 (54 1 14(c))	·/'/	Minus	~~ <i>(1)</i>	Í		X 5=		OR	x s=		
ı	Z	independent pr cfR 1.16p3	. 4	Minus	" 4	•		x \$		OR	x s=		
	¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+3		OR			
İ								TOTAL ADOL FEE		OR	TOTAL ADD'L FEE		
if the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" by THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column.											xalumn 1.		

This collection of information is required by 37 CFR 1.18. The information is required to obtain or netaln a benefit by the public which is to 8te (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.